

STATEWIDE INTERCOUNTY LOST WARRANT REPLACEMENT AFFIDAVIT

DISTRIBUTION:

White: Receiving County's Copy

Yellow: Sending County's Copy

Pink: Payee's Copy

TO:

COUNTY

FROM:

COUNTY

SEE REVERSE FOR INSTRUCTIONS

A. NAME OF PAYEE (LAST, FIRST, MIDDLE)		WARRANT NUMBER
SOCIAL SECURITY NUMBER *	* DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY. IT WILL BE USED TO HELP US VERIFY YOUR REQUEST FOR A REPLACEMENT PUBLIC ASSISTANCE WARRANT.	WARRANT AMOUNT
CASE NUMBER		DATE ISSUED

B. I, _____, now living at _____,

NAME (PLEASE PRINT) ADDRESS

_____, _____, certify that on or about

CITY STATE

_____, _____, my public assistance warrant was

MONTH / DAY YEAR

☐ LOST ☐ STOLEN ☐ DESTROYED ☐ NOT RECEIVED

The facts about its loss, destruction, theft or nonreceipt are as follows:

C. I understand that I cannot cash this missing public assistance warrant if it comes into my possession.

If it does, I agree to immediately return it to _____.

COUNTY

_____, _____.

ADDRESS

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge,

and was executed on the _____ day of _____, _____,

MONTH YEAR

at _____, California.

CITY

SIGNATURE

FOR COUNTY USE ONLY

VERIFIED BY	DATE
-------------	------

INSTRUCTIONS

1. Please fill out the form carefully and completely.
2. Enter the name of the receiving county in the space provided.
3. Enter the name of the sending county in the space provided.
4. Section A is to be completed by the county sending this form.
5. Sections B and C are to be completed by payee.
6. **DO NOT CASH THE ORIGINAL WARRANT!** The original warrant should be returned to the county that issued the warrant. (See Section C on the front of this form.)